

POLICY/PROCEDURE REVIEW AND COMMENT FORM FOR: (Check One)

DISTRIBUTION  
DATE \_\_\_\_\_

\_\_\_\_\_ EXECUTIVE ORDER

\_\_\_\_\_ EXECUTIVE POLICY/PROCEDURE

\_\_\_\_\_ ADMINISTRATIVE POLICY/PROCEDURE

\_\_\_\_\_ PUBLIC RULE

TO:

FM: \_\_\_\_\_  
(Department, Division, Section)

RE: \_\_\_\_\_  
(Title of document to be reviewed)

FOR QUESTIONS OR CLARIFICATIONS, PLEASE CONTACT:

PLEASE RETURN THIS COMPLETED FORM BY \_\_\_\_\_ (Distribution date plus 2 weeks or more)

TO: \_\_\_\_\_

Upper portion of form completed by issuing department

-----  
Bottom portion of form completed by reviewing department.

COMMENTS:

\_\_\_\_\_ CONCUR

\_\_\_\_\_ DO NOT CONCUR, FOR REASONS  
INDICATED

\_\_\_\_\_ CONCUR, WITH RESERVATIONS  
INDICATED

\_\_\_\_\_ NO COMMENT

RESERVATIONS, REASONS FOR NON-CONCURRENCE, RECOMMENDATIONS OR COMMENTS:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Phone: \_\_\_\_\_